

OCT 13 2004

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TIME: _____

TO:	Examiner Victor R. Kostak	FAX NO.:	1-703-872-9306
FROM:	Kenneth N. Nigon	ADMIN. ASST.:	Tonya M. Berger
APPLN. NO.:	09/702,229	ATTY. DOCKET NO.:	MATP-596US
TITLE OF APPLN.: TELEVISION RECEIVER WITH SHARED DATA PORT AND CONTROL SOFTWARE			
FILING DATE:	October 31, 2000	ART UNIT:	2611
FIRST INVENTOR:	Todd S. Bowser	CONF. NO.:	1290
TITLE OF DOCUMENT (and List of Attachments): Transmittal and Amendment			

Total Number of Pages: 9 (including this form)**COMMENTS****CONFIDENTIAL AND PRIVILEGED ATTORNEY/CLIENT INFORMATION**

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PTO/SB/21 (02-04) (AW 02/2004)

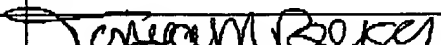
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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/702,229
	Filing Date	October 31, 2000
	First Named Inventor	Todd S. Bowser
	Art Unit	2611
	Examiner Name	Victor R. Kostak
Total Number of Pages in This Submission 8	Attorney Docket No.	MATP-596US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT		
Firm or Individual Name	Kenneth N. Nigon	Registration No. (Attorney/Agent) 31,549
Signature		
Date	October 13, 2004	

CERTIFICATE OF TRANSMISSION / MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:		
Typed or printed name	Tonya M. Berger	
Signature		Date October 13, 2004

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Appln. No.: 09/702,229
Amendment Dated October 13, 2004
Reply to Office Action of July 13, 2004

MATP-596US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No: 09/702,229
Applicant: Todd S. Bowser
Filed: October 31, 2000
Title: TELEVISION RECEIVER WITH SHARED DATA PORT AND CONTROL SOFTWARE
TC/A.U.: 2611
Examiner: Victor R. Kostak
Confirmation No.: 1290
Docket No.: MATP-596US

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated **July 13, 2004**, please amend the above-identified application as follows:

- ☐ **Amendments to the Specification** begin on page _____ of this paper.
- ☒ **Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.
- ☐ **Amendments to the Drawings** begin on page _____ of this paper and include an attached replacement sheet(s).
- ☐ **Amendments to the Abstract** are on page _____ of this paper. A clean version of the Abstract is on page _____ of this paper.
- ☒ **Remarks/Arguments** begin on page 6 of this paper.